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CONFIRMATION NO. 9645

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/562,059	12/22/2005 RULE	514	1623	TAM-058

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**** CONTINUING DATA *******

This application is a 371 of PCT/JP04/09521 06/29/2004 *ESO*

**** FOREIGN APPLICATIONS *******

JAPAN 2003-187931 06/30/2003 *ESO*

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

01/31/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>ESO</i> Initials	JAPAN	5	20	3

ADDRESS

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TITLE

Disialoundecasaccharide chain asparagine/fatty acid amide and medical drug containing the same

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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